53898 # 1/ 26

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PTO/SB/21 (09-04) Approved for use through 07/31/2008. OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ction of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number 10/743.960 TRANSMITTAL Filing Date December 22, 2003 First Named Inventor **FORM** Anthony J. LAMELA, ET AL. Art Unit 3611 **Examiner Name** Daniel S. Yeagley (to be used for all correspondence after initial filing) Attorney Docket Number 15211 26 Total Number of Pages In This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) 1 Petition Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Foreign Patent Cite Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) sent via facsimile to (703) 872-9306 Reply to Missing Parts/ Incomplete Application Reply to Missing Parts time sent: under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Signature Printed name Collin A. Webb Date Reg. No. November 8, 2004 44,396 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first clas epyelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

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Date

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Collin A. Webb

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for FY 2005 Effective 10/01/2004. Patent fees are subject to annual revision.			Application Number			10/743,960					
			Filing Date			December 22, 2003					
			Named	Invent	tor Anthon	Anthony J. LAMELA, ET AL.					
			Examiner Name			Daniel S. Yeagley					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit			3611					
TOTAL AMOUNT OF PAYMENT (\$) 430		Attorney Docket No. 15211									
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)									
Check Credit card Money Other None 3. ADDITIONAL FEES											
✓ Deposit Account:	Large Ent				Entity Small Entity						
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Account Number	1051	1051 130 2051 65 Surcharge - la				filing fee or	oath				
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Name 1053 130 1053 130 Non-English					Non-English spe			 			
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1. BASIC FILING FEE	1252	430	2252	215	Extension for re	eply within se	scond month	430			
Large Entity Small Entity	1253	980	2253	490	Extension for re	eply within th	ird month				
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,530	2254	765	Extension for re	eply within fo	urth month				
1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension for re	eply within fif	th month				
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appea	al .					
1003 550 2003 275 Plant filing fee	1402		2402		Filing a brief in		n appeal	├ ─┤			
1004 790 2004 395 Reissue filing fee	1403		2403		Request for ora	•					
1005 160 2005 80 Provisional filing fee		1,510			Petition to instit						
SUBTOTAL (1) (\$)	1452		2452		Petition to reviv	•					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,370	2453		Petition to reviv		onal	\vdash			
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1201 88 2201 44 Independent claims in excess of 3					(37 ČFR 1.129)	FR 1.129(a))					
1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810			ach additional invention to be tined (37 CFR 1.129(b))					
1204 88 2204 44 ** Reissue independent claims over original patent	1801	1 790	2801				amination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900		uest for expedited examination design application					
SUBTOTAL (2) (\$)	Other fee (specify)										
**or number previously paid, if greater, For Relssues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 430										
SUBMITTED BY (Complete (# applicable))											
Name (Print/Type) Coffin A Mark (Registration No. 44,396					Telephone 717-355-4954					
Signature Stanton Tolling	TChlin					Date November 8, 2004					

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